



## Guidance

# Child oral health: applying All Our Health

Updated 20 June 2019

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## Introduction

This guide is part of 'All Our Health', a resource which helps health and care professionals prevent ill health and promote wellbeing as part of their everyday practice. The information below will help front-line health and care staff use their trusted relationships with patients, families and communities to promote the benefits of good oral health for children.

We also recommend important actions for managers and staff holding strategic roles.

Further information is available in the [All Our Health collection](#).

Improving the oral health of children is a Public Health England (PHE) priority - PHE has an ambition that every child will grow up free of tooth decay, to help give

PHE has established a Child Oral Health Improvement Programme Board (COHIPB) working with a range of partners and stakeholders, to improve the health of all children, and reduce the oral health gap for disadvantaged children.

The Board launched in September 2016, and introduced the [COHIPB Action plan](#), which details 5 high-level objectives of the board, how they will be delivered, and what success looks like.

Oral health is part of general health and wellbeing, and contributes to the development of a healthy child as well as school readiness.

## Promoting child oral health in your professional practice

Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable.

Although oral health is improving in England, the oral health survey of 5 year olds in 2017 showed that just under a quarter have tooth decay (PHE National Dental Epidemiology Programme for England, 2017). Each child with tooth decay will have on average 3 to 4 teeth affected. For those children at risk, tooth decay starts early. The first survey of 3 year olds in 2014 found that 12% had visible tooth decay, with on average 3 teeth affected.

While 77% of 5 year old children in England are now free of obvious tooth decay, significant regional inequalities remain - with [children from the most deprived areas having more than twice the level of decay](#), than those from the least deprived.

Almost 9 out of 10 hospital tooth extractions among children aged 0 to 5 years are due to preventable tooth decay and tooth extraction is still the most common hospital procedure in 6 to 10 year olds, according to PHE data up to 2019.



Tooth decay can cause problems with eating, sleeping, communication and

socialising, and results in at least 60,000 days being missed from school during the year for hospital extractions alone.

Tooth decay could be prevented by cutting down on sugar, as well as brushing teeth with fluoride toothpaste. The cost to the NHS of treating oral conditions is about £3.4 billion per year.

Regularly consuming food and drinks high in sugar increases the risk of tooth decay, and can lead to an increased risk of obesity and type 2 diabetes. Children are still consuming more than the recommended daily limit.

## Core principles for health and care professionals

This 'All Our Health' child oral health information has been created to help all health and care professionals:

- understand specific activities and interventions that can prevent tooth decay and gum disease, and improve oral health
- know about the resources and services available that can help children, families and communities to improve their oral health

## Taking action

The most effective way to improve child dental health is to embed it in all children's services, at strategic and operational levels.

## Front-line health and care professionals

Familiarise yourself with the evidence-based advice and treatment that should be given.

This can be found in [Delivering better oral health](#), which provides dental teams and other health and care professionals with the information they need. The [quick guide to a healthy mouth in children](#) provides a summarised factsheet with clear and consistent messages.

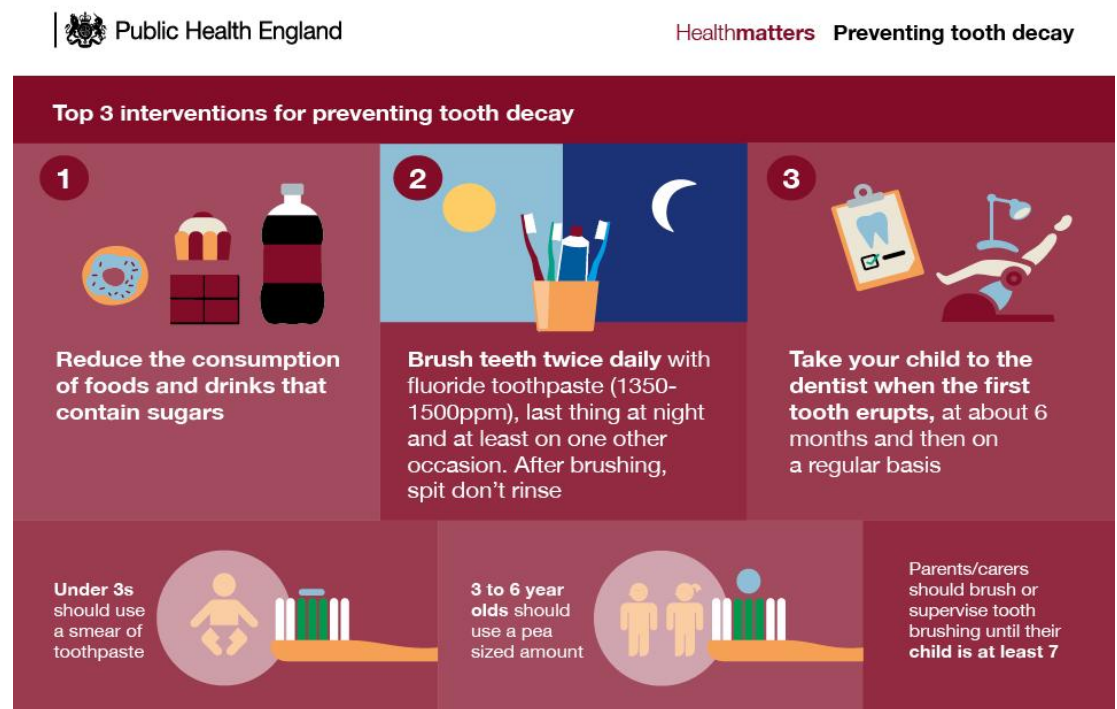
[Health Matters - child dental health](#) outlines how health and professionals can help prevent tooth decay in children under 5. Health Matters includes a Call to Action for healthcare practitioners.

[Making Every Contact Count](#) (MECC) focuses on staff working with the public giving appropriate and timely advice on health and wellbeing.

You should also work to:

- understand how to help people change their behaviour. [Oral health promotion: general dental practice \(NG30\)](#) provides useful resources
- encourage early intervention and evidence-based advice, for example, [Dental Check by One](#)
- find out about, and refer patients or the public to community oral health improvement programmes in your area

Examples of community oral health improvement programmes include supervised tooth brushing, or fluoride varnish application programmes in targeted, early years settings such as children's centres, nurseries or schools.



## Team leaders or managers

There are practical actions that managers (health and care) can take to enable them to ensure all staff promote good oral health and access relevant training that is regularly updated including e-learning resources to support early years and health and care professionals.

Embed oral health in all children's services at a strategic and operational level.

Consider the training needs of the workforce, to enable them to deliver high-quality oral health advice and interventions. Several e-learning resources for the

early years workforce are available on Health Education England's e-learning for Healthcare (e-lfH), including:

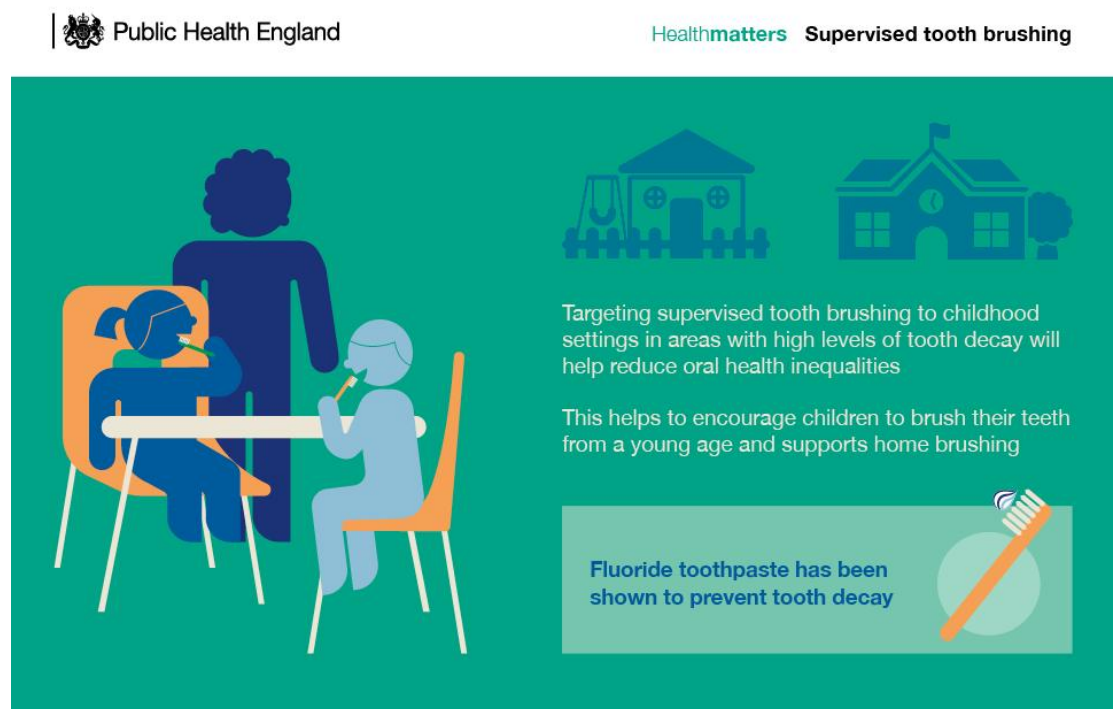
- the [oral health module of the RCPCH Healthy Child Programme \(HCP\)](#)
- the NHS e-lfH, easy access module, [children's oral health care advice](#)

The Centre for Pharmacy Post Graduate Education has a [children's oral health programme](#).

Ensure your teams are aware of oral health services and interventions in your local area to improve child oral health and engage with commissioners to support them - for example supervised toothbrushing, fluoride varnish and Starting Well programmes.

Support local commissioners, identifying where programmes work well and if there are areas for improvement.

Promote the use of the [child oral health impact pathway](#) for front-line health and care professionals, to support them to provide oral health improvement as part of routine practice. The pathway also provides an easy way to record and measure their public health impact.



[The Centre for Pharmacy Post Graduate Education](#) (CPPE) has a children's oral health programme.

## Senior strategic leaders

If you're a senior or strategic leader:

- work to ensure that oral health is included and promoted within commissioned healthcare services
- advocate for oral health, ensuring it is included in health and wellbeing board's joint strategic needs assessments
- make sure that oral health is also included in other policies such as food policies

[Health Matters child dental health](#) includes a Call to Action for Commissioners.

The documents [Local Authorities improving oral health: commissioning better oral health for children and young people](#) and [NICE Guideline PH55 Oral health: local authorities and partners](#) support local authorities to commission, review and evaluate oral health improvement programmes for children and young people.

[Return on investment of oral health improvement programmes for 0 to 5 year olds](#) is a rapid review of the evidence of how cost-effective interventions are.

[Improving oral health: a community water fluoridation toolkit](#) for local authorities outlines water fluoridation's role in local authorities oral health improvement strategies.

This intervention does not require behaviour change by individuals and is safe and effective.

Water fluoridation resources are available to local authorities where community water fluoridation schemes are being considered.

## Understanding local needs

Consultants in dental public health are based in PHE centres and provide dental public health advice locally.

They provide information and intelligence to inform and support health or care professionals, local authorities and other partners to help improve oral health and provision of services.

Oral health needs assessments and joint strategic needs assessments may be available locally.

The PHE [oral health collection](#) contains a comprehensive list of information and resources for health practitioners, to improve oral health and reduce inequalities in England.

The following are included:

[Oral health survey of 3 year old children 2013](#) is a report on the prevalence and

severity of dental decay in 3 year old children.

[Oral health survey of 5 year old children 2017](#) is a report on the prevalence and severity of dental decay.

[Local Authority Profiles – dental health of 5 year old children](#) provides analysis and key findings on the dental health of 5 year old children, in each upper tier local authority area in England. They can be used to help plan and commission evidence-based services based on local need.

Further information to improve oral health of 5 year old children in local authorities includes:

- [local authority area variations in the oral health of 5 year olds](#)
- [oral health improvement programmes commissioned by local authorities](#)

The [National Children's Dental Health Survey](#) has been carried out every 10 years since 1973. It includes data on children aged 5, 8, 12 and 15 years, and reports on a dental examination and questionnaires for parents and 12 and 15 year olds. The last survey took place in 2013.

[The Public Health Outcomes Framework](#) (PHOF) has one oral health indicator:

- tooth decay in children aged 5 years (4.02)

The [NHS Outcomes Framework](#) (August 2018) has 2 oral health indicators:

- decayed teeth (3.7.i)
- tooth extractions due to decay in children admitted as inpatients to hospital, aged 10 years and under (3.7.ii)

## Measuring impact

As a health and care professional, there are a range of reasons why it makes sense to measure your impact and demonstrate the value of your contribution.

This could be about sharing what has worked well in order to benefit your colleagues and local people or help you with your professional development.

The [Everyday Interactions Measuring Impact Toolkit](#) provides a quick, straightforward and easy way for health and care professionals (HCPs) to record and measure their public health impact in a uniform and comparable way. The toolkit includes a child oral health impact pathway.



# Further reading, resources and good practice

## Advice for patients and the public

The NHS provides a range of information and support on child and adult oral health.

[Change4Life campaigns](#) have a range of information and resources to support families to make healthier choices.

Change4Life provides a guide for dental teams providing key oral health messages to support Be Food Smart and also a Top Tips for Teeth Toolkit.

Change4Life [Be Food Smart app](#) alerts parents to the hidden sugar, saturated fat and salt in everyday food and drink and highlights the harm this can do to their child's health, including oral health.

The [Eatwell Guide](#) shows the types of food which are needed to have a well-balanced diet.

Water fluoridation resources are available where community water fluoridation schemes are being considered.

## Professional resources and tools

The PHE [oral health collection](#) includes information and resources.

There is a [child oral health impact pathway](#).

[Breastfeeding and dental health guidance](#) provides current evidence and core messaging for dental teams and health and care professionals and features a new breastfeeding and dental health infographic \* Improving oral health for children and young people for health visitors, school nurses and practice nurses is an [infographic for the Children and Young People's workforce](#) \* The [Change4Life Guide for dentists](#) provides dental-specific key messaging and information on how dentists can support the Be Food Smart campaign and new app

## Best practice examples

Oral health case studies can be found in the following documents.



[Tackling poor oral health in children](#) explains local government's role in reducing poor oral health in children.

[Local authority area variation in the oral health of 5 year olds](#) includes links to case studies published by the Local Government Association, that demonstrate evidence-based action by local authorities.

[Health Matters – child dental health](#) includes the case study 'Healthy Teeth, Happy Smiles! Leicester City Council', as well as the case study 'Smile4Life in North West England'.

[Healthy futures: supporting and promoting the health needs of looked after children](#) contains 7 case studies of positive initiatives, one of which is an oral health study.

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[Prepare for EU Exit if you live in the UK](#)

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